

LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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AMENDED

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| 1. File Number U - <u>4705</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing Name <u>Richard</u> <u>C</u> <u>Anderson</u> P.O. Box, Bldg., Room No., if any Street <u>1330 N Kansas Ave</u> City <u>Topeka</u> State <u>Kansas</u> ZIP Code + 4 <u>66608</u> | 4. Name, file number, and address of labor organization Name <u>Laborers' Int'l Union of N America, Local 142</u> Labor Organization File Number <u>001-265</u> P.O. Box, Building and Room Number, if any <u>P. O. Box 8098</u> Street <u>1947 N Topeka Blvd, Suite G</u> City <u>Topeka</u> State <u>Kansas</u> ZIP Code + 4 <u>66608-0098</u> |
| 5. Position in labor organization. <u>Business Manager</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7. a. Nature of interest, Transaction, or income. 7. b. Amount. \$0 |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard C. Anderson
AMENDED

On

8-15-05
Date

785-233-3581
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LIUNA, Local No. 142

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 8098

Street 1947 N Topeka Blvd, Suite G

City Topeka

State Kansas ZIP Code + 4 66608-0098

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Kansas Const. Trades Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 5166

Street 4101 Southgate Dr

City Topeka

State Kansas ZIP Code + 4 66605-0168

11.a. Nature of such dealing.

Labor Trustee on the Kansas Construction Trades Fringe Benefit Funds Board of Trustees.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursed expense for Hotel, meals, airfare, rental car, mileage and a registration fee to the International Foundation Conference.

12.b. Amount.

\$2,423

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

☐

or Consultant

☐

14.b. Amount of payment.

\$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LIUNA, Local No. 142

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 3098

Street 1947 N Topeka Blvd, Suite G

City Topeka

State Kansas

ZIP Code + 4 66608-0098

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Construction Industry Laborers' Train. Fund

Trade Name, if any: Willard B. Wilkinson Training Fund

P.O. Box, Bldg., Room No. if any

Street 21201 South Mullen Rd

City Belton

State Missouri

ZIP Code + 4 64012

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Trustee on the Construction Industry Laborers' Training Fund Board of Trustees

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursed expense for Hotel, meals, airfare, taxi transportation and private vehicle mileage to Tri-Funds Conference.

12.b. Amount.

\$2,148

Name of Person Filing Richard Anderson

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Illinois Laborers' & Contractors Joint Appr.

Trade Name, if any: and Training Program

P.O. Box, Bldg., Room No., if any

Street RR 3

City Mt Sterling

State ILLINOIS ZIP Code + 4 62353

10. If 9.b. or 9.c. is checked give trust or employer's name.

name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

provides training to LIUNA members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lodging and meals estimated at \$120.

12.b. Amount.

\$120